

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME Kathryn Radtkey-Gaither			SSAN OR EMPLOYEE NUMBER*			DEPARTMENT Governor's Office					
POSITION 1121 L Street #600			CB/ID NUMBER		DIVISION OR BUREAU Office of the Secretary of Education			INDEX NUMBER 131			
RESIDENCE ADDRESS*					HEADQUARTERS ADDRESS 1121 L Street #600			TELEPHONE NUMBER 916-323-0611			
CITY Sacramento		STATE CA		ZIP CODE 95814		CITY Sacramento		STATE CA		ZIP CODE 95814	

[illegible]

COLUMN CODE: ACCTG USE ONLY

CLAIM TOTAL

\$ 78.48

11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

7/3/09 Aliph Jawbone II Bluthooth Headset

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

15) I HERBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the mileage rate. I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle use.

CLAIMANT'S SIGNATURE _____

DATE _____

(16.) SIG

PAYMENT

DATE _____

8/3/09

8/03/09